# Resources

Photograph: Wisconsin Department of Tourism, Donald S. Abrams

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# Glossary

**Age-adjusted death rate:** the number of deaths occurring per 100,000 population per year, calculated in accordance with a standard age structure to minimize the effect of age differences when rates are compared between populations or over time.

**Atherosclerosis:** a pathological condition affecting the medium-sized and larger arteries, especially those that supply the heart (coronary arteries), the brain, (the carotid and cerebral arteries), and the lower extremities (the peripheral arteries), as well as the aorta; underlies the occurrence of heart attacks, many strokes, peripheral arterial disease, and dissection or rupture of the aorta.

**Automated external defibrillators (AEDs):** An automated external defibrillator (AED) is a device used to detect and treat cardiac arrest due to cardiac arrhythmias. Uncorrected, these arrhythmias rapidly lead to irreversible brain damage and death. By applying a shock to the entire heart muscle, the AED uniformly clears the heart's electrical system, hopefully allowing it to resynchronize. The AED automatically determines if a shock is needed and automatically selects and delivers the appropriate energy level.

**Behavioral change:** an intervention approach that uses public information and education to promote behavioral patterns favorable to health for the population as a whole; also includes interventions (e.g., counseling) at the group or individual level for the same purpose.

**Behavioral Risk Factor Survey (BRFS):** a representative, statewide telephone survey of Wisconsin household residents aged 18 and older. The Wisconsin BRFS is part of the national Behavioral Risk Factor Surveillance System (BRFSS), which is coordinated by the U.S. Centers for Disease Control and Prevention (CDC). The survey includes information on risk factors such as cigarette smoking, alcohol consumption, overweight, sedentary activity patterns, and poor diet. The survey also asks about use of health services such as routine checkups, cholesterol tests, and cancer screening.

**Behavioral Risk Factor Surveillance System (BRFSS):** a state-based, CDC-sponsored system of health surveys that generate information about health risk behaviors and attitudes, clinical preventive practices, and health care access and use primarily related to chronic diseases and injury.

**Blood cholesterol:** the blood concentration of a family of lipid or "fatty" molecular compounds obtained directly from the diet or produced in the body from fatty dietary components; a necessary factor in development of atherosclerosis; total cholesterol concentration is classified as "high" if it is > 200 mg/dl. Subtypes of cholesterol differ in their relation to CVD risk, with high-density lipoprotein (HDL) cholesterol considered "good," and low-density (LDL) cholesterol considered "bad."

**Body mass index (BMI):** measures weight in relation to height (see calculation under obesity).

**Cardiopulmonary resuscitation(CPR):** cardiopulmonary resuscitation or CPR, is emergency first aid for an unconscious person whose breathing and pulse have stopped. CPR is commonly taught to ordinary people who may be the only ones present in the crucial few minutes before emergency personnel are available.

**Cardiovascular disease (CVD):** may refer to any of the disorders that can affect the circulatory system, but often means coronary heart disease (CHD), heart failure, and stroke, taken together.

**Cardiovascular disease prevention:** a set of interventions designed to prevent first and recurrent CVD events (e.g., heart attack, heart failure, and stroke). For CVD, primary prevention refers to detection and control of risk factors, whereas secondary prevention includes long-term case management for survivors of CVD events. CVD prevention complements cardiovascular health(CVH) promotion.

**Cardiovascular Risk Reduction Initiative:** a statewide initiative in Wisconsin to reduce and prevent heart disease and stroke. The initiative is led by the DHFS Cardiovascular Health Program in partnership with most of Wisconsin's health maintenance organizations and advocacy organizations. The Cardiovascular Risk Reduction Initiative promotes proactive risk factor assessment, testing, lifestyle modification counseling, and appropriate medical treatment through a variety of tools and materials. http://dhfs.wisconsin.gov/Health/cardiovascular/CRRI.htm

# Glossary

**Cardiovascular health (CVH):** a combination of favorable health habits and conditions that protects against development of cardiovascular disease.

**Cardiovascular health promotion:** a set of interventions designed to reduce a population's risk for CVD through policy, environmental, and behavioral changes; also supports other approaches that apply to people who have suffered recognized CVD events (e.g., by facilitating public access to emergency care or by fostering social/environmental and behavioral changes that reinforce secondary CVD prevention); sometimes identified with primordial CVD prevention; complements CVD prevention.

**Carotid arteries:** the four main arteries of the head and neck, which supply blood to the brain and elsewhere in the head.

**Cerebral arteries:** blood vessels connecting the internal carotid arteries with the brain.

**Chronic Care Model:** The Chronic Care Model identifies the essential elements of a health care system that encourage high-quality chronic disease care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. Evidence-based change concepts under each element, in combination, foster productive interactions between informed patients who take an active part in their care, and providers who have resources and expertise. The model can be applied to a variety of chronic illnesses, health care settings and target populations. The bottom line is healthier patients, more satisfied providers, and cost savings. See www.improvingchroniccare.org/change/model/components.html.

**Comprehensive public health strategy:** an approach to a major health problem in the population that identifies and employs the full array of potential public health interventions, including health promotion and disease prevention.

**Congestive heart failure (CHF):** impairment of the pumping functions of the heart as the result of heart disease; heart failure often causes physical disability and increased risk for other cardiovascular events.

**Coronary arteries:** the arteries that supply blood to the heart muscle and whose narrowing or occlusion constitutes coronary heart disease and can precipitate a heart attack.

**Coronary heart disease:** heart disease caused by impaired circulation in one or more coronary arteries; often manifests as chest pain (angina pectoris) or heart attack.

**Diabetes (or diabetes mellitus):** a metabolic disorder resulting from insufficient production or utilization of insulin, commonly leading to cardiovascular complications.

**Dyslipidemia:** Disorders in the lipoprotein metabolism; classified as high cholesterol, high triglycerides, combined hyperlipidemia, and low levels of high-density lipoprotein (HDL) cholesterol. All of the dyslipidemias can be primary or secondary. Both elevated levels of low-density lipoprotein (LDL) cholesterol and low levels of HDL cholesterol predispose one to premature atherosclerosis.

**Emergency care:** treatment for people who have experienced a first or recurrent acute cardiovascular event (e.g., heat attack, heart failure, and stroke) designed to increase their probability of survival and to minimize associated damage or disability.

**Evidence-based medicine:** the use of agreed-upon standards of evidence in making clinical decisions for treating individual patients or categories of patients.

**Federally Qualified Health Center (FQHC):** A Federally Qualified Health Center (FQHC) is an American community based health organization. An FQHC provides comprehensive primary health, oral, and mental health/substance abuse services to persons in all stages of the life cycle.

**Health care systems:** the community health centers, health care clinics, hospitals, and health insurance plans that deliver or pay for health services.

# Glossary

**Health disparities:** differences in the burden and impact of disease among different populations, defined for example, by sex, race or ethnicity, education or income, disability, place of residence, or sexual orientation.

**Healthiest Wisconsin 2010:** A Partnership Plan to Improve the Health of the Public: The Wisconsin state health plan for the decade 2000-2010. It is the state's health strategic plan including a vision, mission, goals, objectives, and priorities for the public health system partnership.

**Healthy People 2010:** a national document that presents the most important health-related goals and objectives to be achieved in the the United States to be achieved by the year 2010.

**HEDIS® (Health Plan Employer Data and Information Set):** Healthcare systems' evaluation of the effectiveness of their care in managing blood pressure, cholesterol, diabetes, and smoking cessation in their constituencies.

**Heart attack:** an acute event in which the heart muscle is damaged because of a lack of blood flow from the coronary arteries, typically accompanied by chest pain and other warming signs but sometimes occurring with no recognized symptoms (i.e., "silent heart attack").

**Heart disease:** any affliction that impairs the structure or function of the heart (e.g., atherosclerotic and hypertensive diseases, congenital heart disease, rheumatic heart disease, and cardiomyopathies).

**Heart Disease and Stroke Prevention Program:** a CDC program initiated in 1998 that supports states in their efforts to prevent heart disease and stroke; for more information see www.cdc.gov/cvh/stateprogram.htm.

**High blood pressure (hypertension):** a condition in which the pressure in the arterial circulation is greater than desired; associated with increased risk for heart disease, stroke, chronic kidney disease, and other conditions; blood pressure is considered "high" if systolic pressure (measured at the peak of contraction of the heart) is > 140 mm Hg or if diastolic pressure (measured at the fullest relaxation of the heart) is > 90 mm Hg.

**High-density Lipoprotein (HDL):** A form of cholesterol that circulates in the blood commonly called "good" cholesterol. High HDL lowers the risk of heart disease. An HDL of 60 mg/dL or greater is considered high and protects against heart disease. An HDL less than 40 mg/dL is considered low and increases the risk for developing heart disease.

**Incidence:** the number of new cases of disease occurring in a population of given size within a specified time interval (e.g., the average annual incidence of stroke for women in Rochester, Minnesota during 1985-1989 was approximately 120/100,000 population).

**Low-density Lipoprotein (LDL):** A complex of lipids and proteins, with greater amounts of lipid than protein that transports cholesterol in the blood. High levels are associated with an increased risk of atherosclerosis and coronary heart disease. See blood cholesterol.

**MetaStar:** Wisconsin's health care quality improvement organization (QIO). MetaStar works with health care professionals and health systems to provide cost-effective, quality health care by improving processes and outcomes of care. See www.metastar.com.

**Mortality:** rate of death expressed as the number of deaths occurring in a population of given size within a specified time interval (e.g., 265 annual deaths from heart disease per 100,000 U.S. Hispanic women, 1991-1995).

**Obesity:** usually defined in terms of body mass index (BMI) which is calculated as body weight in kilograms (1 kg=2.2lbs) divided by height in meters (1 m=39.37 in) squared; adults with a BMI greater than 30.0 $kg/m^2$ are considered "obese," and those with a BMI of 25-29.9 $kg/m^2$ are considered "overweight." In children, overweight is defined as BMI greater than the 95th percentile value for the same age and sex group.

**Peripheral arteries:** arteries in the upper and lower extremities (arms and legs).

**Physical inactivity:** lack of habitual activity sufficient to maintain good health, resulting in an unfavorable balance between energy intake and expenditure and fostering the development of overweight or obesity and other risk factors for heart disease and stroke.

# Glossary

**Policy and environmental change:** an intervention approach to reducing the burden of chronic disease that focuses on enacting effective policies (e.g., laws, regulations, formal and informal rules) or promoting environmental change (e.g., changes to economic, social, or physical environment).

**Prevalence:** the frequency of a particular condition within a defined population at a designated time (e.g., 12.6 million Americans living with heart disease in 1999).

**Primary CVD prevention:** a set of interventions, including the detection and control of risk factors, designed to prevent the first occurrence of heart attack, heart failure, or stroke among people with identifiable risk factors.

**Primordial CVD prevention:** a set of interventions targeting people without risk factors or CVD (including promotion of healthy behavior patterns) to prevent development of risk factors.

**Priority Populations:** groups at especially high risk for CVD, (e.g., those identified by sex, race or ethnicity, education, income, disability, place of residence, or sexual orientation).

**Rehabilitation:** an intervention approach designed to limit disability among survivors of CVD events and reduce their risk for subsequent events.

**Risk behavior:** a behavioral pattern associated with increased frequency of specified health problems; for example, high salt intake, smoking, and binge drinking are all associated with CVD.

**Risk factor:** an individual characteristic associated with increased frequency of specified health problems; for example, high LDL cholesterol, high blood pressure, and diabetes are all associated with CVD.

**Risk factor detection and control:** an intervention approach that targets people with identifiable risk factors; includes both screening or other methods of detection and long-term disease management through changes in lifestyle, behavior, and medication (when necessary).

**Secondary prevention:** a set of interventions aimed at survivors of acute CVD events (e.g., heart attack, heart failure and stroke) or others with known CVD in which long-term case management is used to reduce disability and risk for subsequent CVD events.

**Stroke:** sudden interruption of blood supply to the brain caused by an obstruction or the rupture of a blood vessel.

**Survival:** remaining alive for a specified period (e.g., beyond the 28-day definition of case fatality) after a CVD event.

**Tertiary CVD prevention:** an intervention approach included in secondary prevention, sometimes distinguished as reducing disability among survivors of CVD events through rehabilitation.

**Wisconsin Collaborative Diabetes Quality Improvement Project:** a joint partnership including the Wisconsin Diabetes Prevention and Control Program (DPCP), the University of Wisconsin (Madison) Department of Population Health Sciences, MetaStar (Wisconsin's Quality Improvement Organization), the Department of Health and Family Services Division of Health Care Financing (Medicaid Program), health maintenance organizations (HMOs), and other health systems. The group was established to evaluate implementation of the Essential Diabetes Mellitus Care Guidelines; share resources, population-based strategies and best practices; and, improve diabetes care through collaborative quality improvement initiatives. See www.dhfs.state.wi.us/health/diabetes/Diabetes_Collaborative_Improvement_Project.htm.

**Youth Risk Behavior Surveillance System (YRBSS):** the national system that monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States.

**Youth Risk Behavior Survey (YRBS):** a survey conducted by states as part of the national Youth Risk Behavior Surveillance System (YRBSS). The national YRBS is administered every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States.

# Health Plan Partners

### Advanced Healthcare
7878 North 76th Street
Milwaukee, WI 53223
Tel: (262) 512-2880
(800) 709-2080
www.ah.com

### Atrium Health Plan, Inc.
400 2nd St. South, Suite 270
Hudson, WI 54016
Tel: (715) 386-8693
(800) 249-4300
Fax: (715) 386-8326
www.atriumhealthplan.com

### Blue Cross Blue Shield of Wisconsin
500 Hwy 151 East
Platteville, WI 53818
Tel: (888) 239-9514
www.bluecrosswisconsin.com

### Dean Health Plan
1277 Deming Way
Madison, WI 53717
Tel: (608) 828-1301
(800) 279-1301
Fax: (608) 827-4212
www.deancare.com

### Group Health Cooperative of South Central Wisconsin (GHC-SCW)
1265 John Q. Hammons Dr.
Madison, WI 53744-4971
Tel: (608) 251-3356
(800) 605-4327
Fax: (608) 828-9333
www.ghc-hmo.com

### Gundersen Lutheran Health Plan
1836 South Ave.
LaCrosse, WI 54601
Tel: (608) 775-8000
(800) 370-9718
Fax: (608) 775-8042
www.glhealthplan.org

### Health Tradition Health Plan
P.O. Box 188
La Crosse, WI 54602-0188
Tel: (608) 781-9692
(888) 459-3020
Fax: (608) 781-9653
www.healthtradition.com

### Humana, Inc.
N19 W24133 Riverwood Drive,
Suite 300
Waukesha, WI 53188-1174
Tel: (800) 448-6262
www.humana.com

### Medical Associates Health Plan
1605 Associates Dr., Suite 101
P.O. Box 5002
Dubuque, IA 52004-5002
Tel: (563) 556-8070
(800) 747-8900
Fax: (563) 556-5134
www.mahealthcare.com

### MercyCare Health Plan
3430 Palmer Dr.
P.O. Box 2770
Janesville, WI 53547-2770
Tel: (608) 752-3431
(800) 752-3431
Fax: (608) 752-3751
www.mercyhealthsystem.org

### Network Health Plan-Fox Valley
1570 Midway Place
P.O. Box 120
Menasha, WI 54952
Tel: (920) 720-1300
(800) 826-0940
Fax: (800) 897-1923
www.networkhealth.com

### Physicians Plus Insurance Corp.
22 E. Mifflin St., Suite 200
P.O. Box 2078
Madison, WI 53701-2078
Tel: (608) 282-8900
(800) 545-5015
Fax: (608) 258-1902
www.pplusic.com

### Prevea Health Plan
P.O. Box 11625
Green Bay, WI 54307-1625
Tel: (920) 490-6900
(888) 711-4344
Fax: (920) 490-6942
www.preveahealthplan.com

### Touchpoint Health Plan (United)
5 Innovation Court
P.O. Box 8025
Appleton, WI 54912
Tel: (920) 735-6440
(800) 236-6440
Fax: (920) 831-6917
www.touchpointhealth.com

### UnitedHealthcare of Wisconsin, Inc.
P.O. Box 507
Appleton, WI 54912-0507
Tel: (800) 357-0974
Fax: (920) 499-0645
www.unitedhealthcare.com

### Unity Health Insurance
840 Carolina Street
Sauk City, WI 53583-1374
Tel: (800) 362-3310
Fax: (608) 643-2564
www.unityhealth.com

### Valley Health Plan
2270 EastRidge Center
P.O. Box 3128
Eau Claire, WI 54702-3128
Tel: (715) 836-1200
(800) 472-5411
www.valleyhealth.biz

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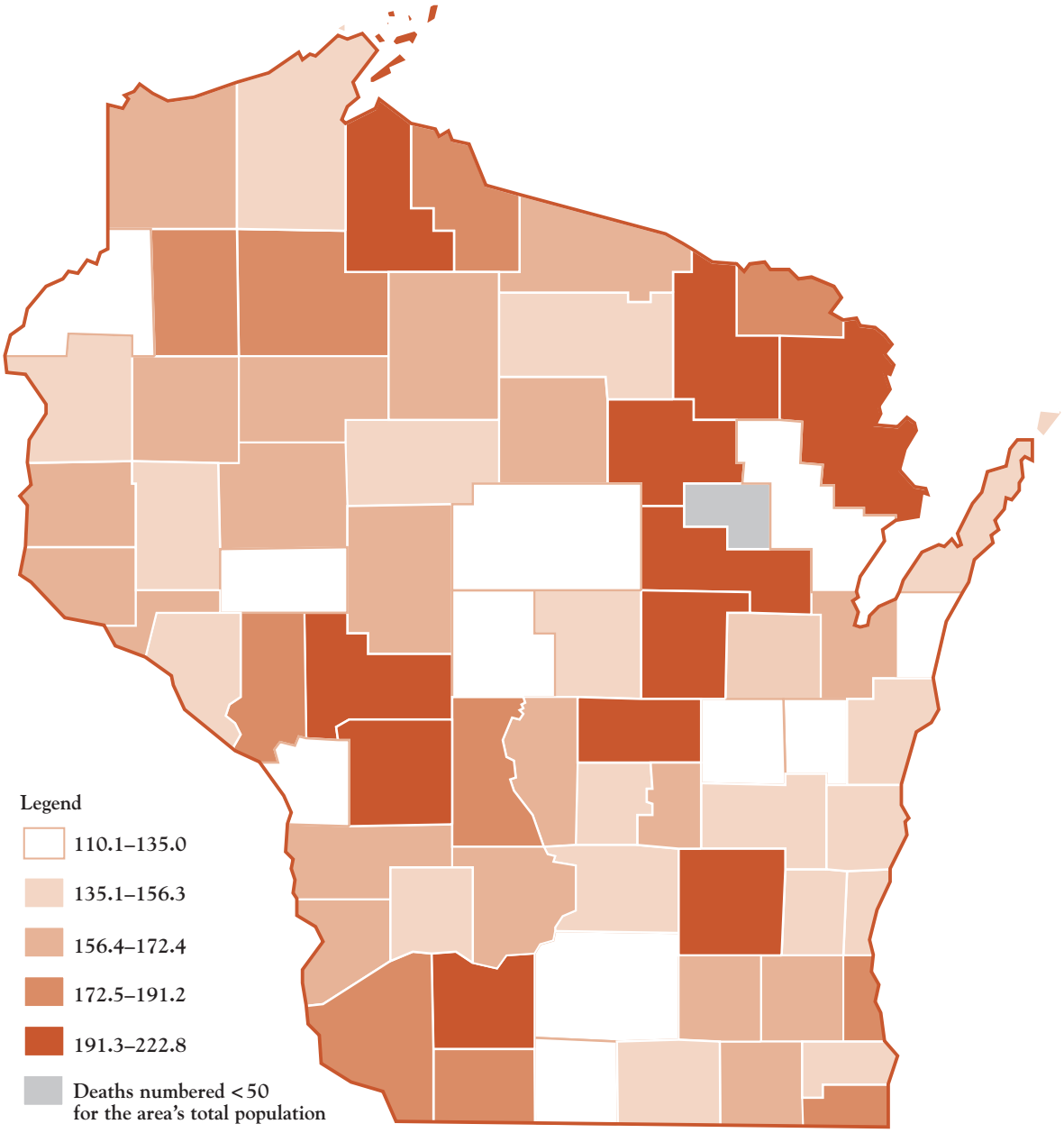
# Data Tables

Photograph: Wisconsin Department of Tourism

## Map 1: Coronary Heart Disease Death Rate by County, Wisconsin 1997-2003*

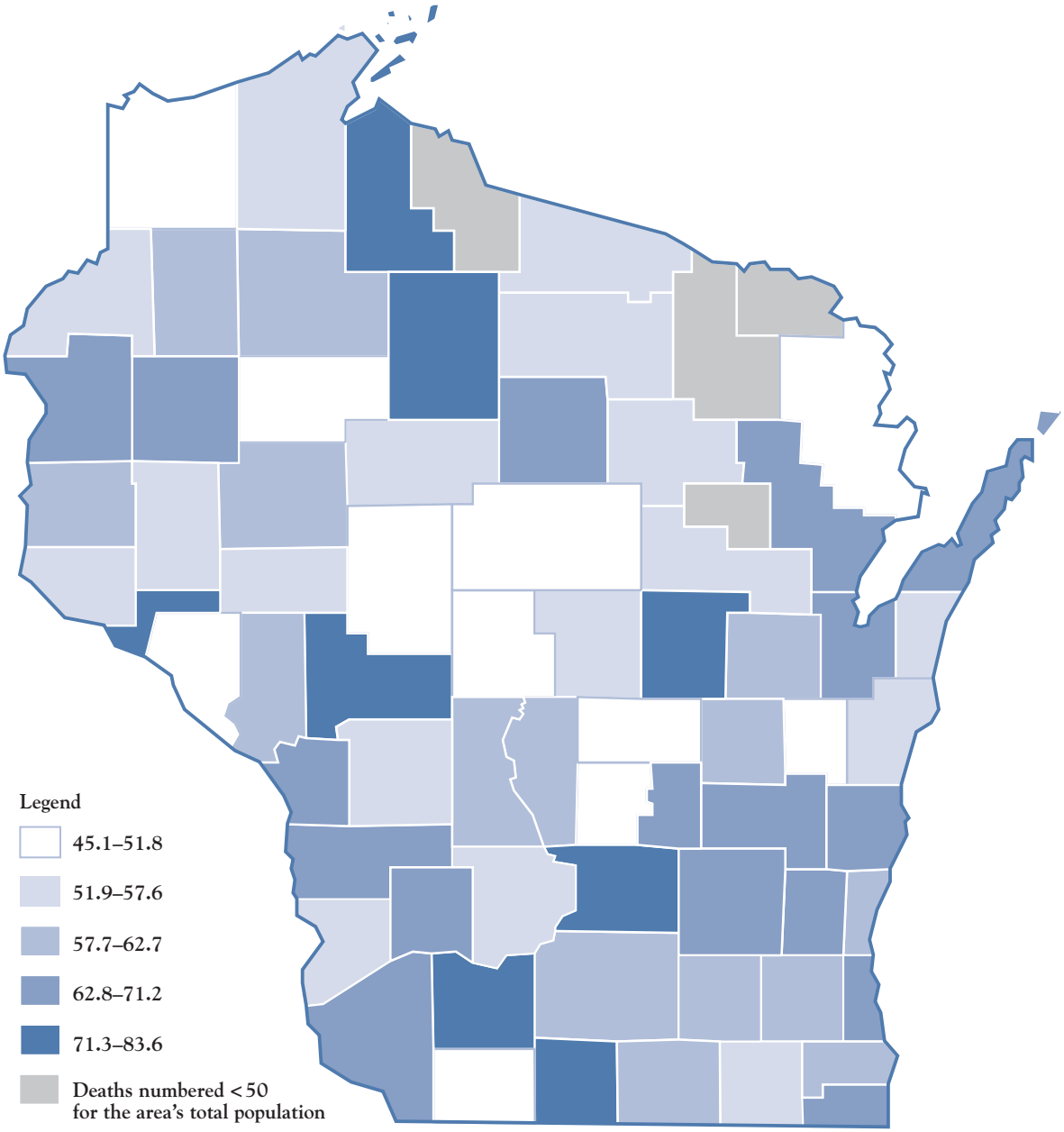



*The death rate is adjusted with U.S. 2000 Standard Population and expressed in per 100,000 population.

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Deaths*, 1997-2003.

Note: Data Tables are updated every few years. See the Cardiovascular Health Program website for a link to the most current information

## Map 2: Stroke Death Rate by County, Wisconsin 1997-2003*

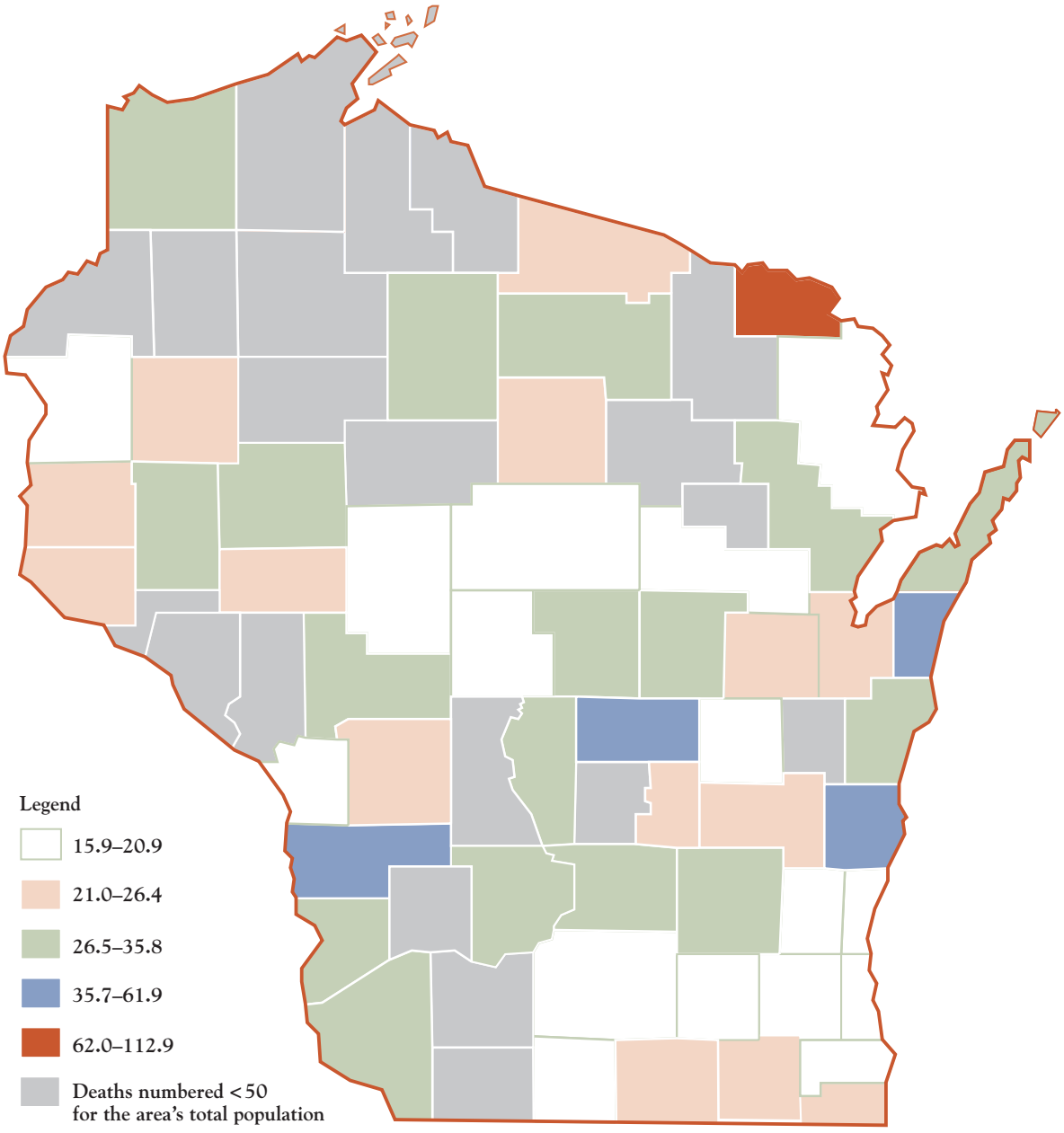



*The death rate is adjusted with U.S. 2000 Standard Population and expressed in per 100,000 population.

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Deaths*, 1997-2003.

Note: Data Tables are updated every few years. See the Cardiovascular Health Program website for a link to the most current information

## Map 3: Congestive Heart Failure Death Rate by County, Wisconsin 1997-2003*



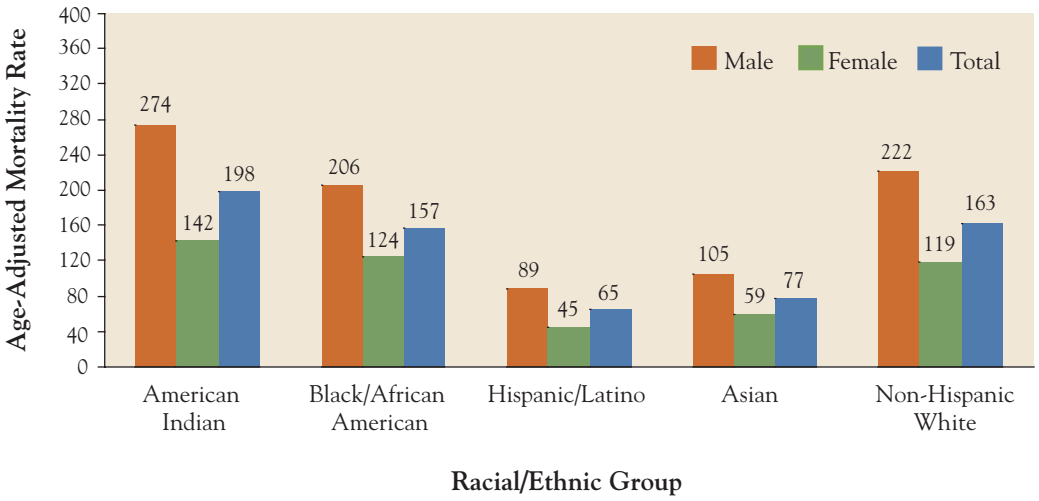

*The death rate is adjusted with U.S. 2000 Standard Population and expressed in per 100,000 population.

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Deaths*, 1997-2003.

Note: Data Tables are updated every few years. See the Cardiovascular Health Program website for a link to the most current information

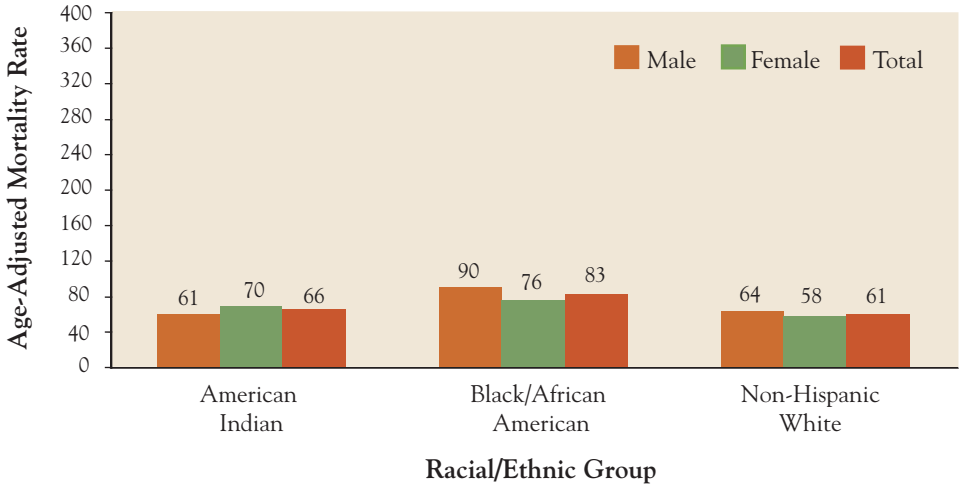
## Age-Adjusted Death Rates in Wisconsin 1996-2003

### Figure 5: Age-Adjusted Death Rates for Coronary Heart Disease (CHD), By Race/Ethnicity and Sex, Wisconsin 1996-2003*




*All rates are age-adjusted to the US 2003 Standard Population and expressed in deaths/100,000 population.
Source: Wisconsin DHFS, DHCF, Bureau of Health Information, Research and Records Section.

### Figure 6: Age-Adjusted Death Rates for Stroke, by Race/Ethnicity and Sex, Wisconsin 1996-2003*




*All rates are age-adjusted to the US 2003 Standard Population and expressed in deaths/100,000 population.
Source: Wisconsin DHFS, DHCF, Bureau of Health Information, Research and Records Section.

# Appendices

Photograph: Wisconsin Department of Tourism, RJ & Linda Miller

# Appendices

The following resources are a sampling of some of the tools available related to cardiovascular health. Appendix A, Resources for Health Care Professionals, presents clinical practice guidelines from the Cardiovascular Risk Reduction Initiative and other patient management tools. Appendix B, the Personal Heart Care Card, is a valuable tool for individuals to manage their own heart health. Community organizations, businesses, and schools may find Appendices C through E helpful in raising awareness about the signs and symptoms of heart attack and stroke, and locating national and regional programs that focus on specific cardiovascular risk factors.

## Appendix A: Resources for Health Care Professionals


- Cardiovascular Resource Materials Order - Reference Form, page 69
- Preventing Cardiovascular Events in Persons at Risk or with Established CV Disease, page 70-71
- Cardiovascular Risk Reduction Communicatiion Record, page 72

# CARDIOVASCULAR RESOURCE MATERIALS ORDER - REFERENCE FORM

| **SHIP TO:** | | |
|---|---|---|
| Name | | |
| Organization/Business Name | | |
| Address | | |
| City | State | Zip |
| Telephone Number<br>( ) | E-mail address | |

| **MATERIALS AVAILABLE FROM THE CARDIOVASCULAR HEALTH PROGRAM AT NO COST**<br>or download from: http://dhfs.wisconsin.gov/Health/cardiovascular/index.htm | **QUANTITY** |
|---|---|
| Wisconsin Cardiovascular Risk Reduction Communication Record (form) - 03/04 | |
| Preventing Cardiovascular Events in Persons At Risk or With Established CV Disease (1-page laminated provider guidance tool) - 03/04 | |
| Personal Heart Care Record (patient wallet card) - 03/04 | |
| Cardiovascular Disease Surveillance Document - 11/02 | |
| Cardiovascular Health Program Fact Sheet - 11/03 | |
| **HOW TO LOCATE GUIDELINES AND STATEMENTS LISTED IN PROVIDER GUIDANCE TOOL** | **SOURCE** |
| - Third Report of the National Cholesterol Education Program Expert Panel on Detection, Evaluation, & Treatment of High Blood Cholesterol in Adults (ATPIII)<br>- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, & Treatment of High Blood Pressure (JNC-7)<br>- The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults<br>http://www.nhlbi.nih.gov/guidelines/index.htm Then scroll down to find guidelines. | Obtain from NHLBI Website listed |
| - AHA/ACC Guidelines for Preventing Heart Attack and Death in Patients With Atherosclerotic Cardiovascular Disease: 2001 Update (09/02)<br>- AHA Guidelines for Primary Prevention of Cardiovascular Disease and Stroke: 2002 Update (07/02)<br>- AHA/NHLBI/ADA Conference Proceedings: Clinical Management of Metabolic Syndrome (01/04)<br>- AHA Guidelines: Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women (02/04)<br>http://www.americanheart.org/presenter.jhtml?identifier=9181<br>Then scroll down to the year and month to find each publication. | Obtain from AHA Website listed |

**Mail orders to:**

Wisconsin Cardiovascular Health Program
Department of Health & Family Services
Division of Public Health
P O Box 2659
Madison WI 53701-2659

**Or Fax to:**

Division of Public Health
Cardiovascular Health Program
Attn: Rose White

Fax: (608) 266-8925

| **FOR OFFICE USE ONLY** | |
|---|---|
| Date received: | Date Materials Mailed: |
| Mailed by: | |
| Comments: | |

# PREVENTING CARDIOVASCULAR EVENTS IN PERSONS AT RISK or WITH ESTABLISHED CV DISEASE[1-14]

## Wisconsin Collaborative for Cardiovascular Risk Reduction Initiative 2004

***Adapted from the AHA/ACC Scientific Statements & Guidelines listed in the references.

| CVD RISK FACTORS | CRITERIA FOR RISK | Lifestyle Modifications | Clinical Management Interventions | GOALS |
|---|---|---|---|---|
| **Dyslipidemia**<br>1, 2, 3, 5, 6, 7, 9, 10 | **Screening for Lipid Risk Factors**<br><br>**High Total Cholesterol**<br>♦ **Borderline High:** ≥ 200-239 mg/dL<br>♦ **High:** ≥ 240 mg/dL<br><br>**High LDL[1]:** Primary target for lipid-lowering therapy.<br>♦ **Very High**: ≥ 190 mg/dL and above.<br>♦ **High**: ≥ 160-189 mg/dL<br>♦ **Borderline High**: ≥130-159 mg/dL<br>♦ **Above Optimal**: ≥ 100-129 mg/dL<br><br>**High Triglycerides (TG)[1, 2, 3, 6]**<br>♦ **Very High**: ≥ 500 mg/dL<br>♦ **High:** 200-499 mg/dL<br>♦ **Borderline high**: 150-199 mg/dL<br><br>**Low HDL**<br>♦ < 40 mg/dL for men<br>♦ < 50 mg/dL for women[6] | **Recommendations**<br>♦ Encourage weight loss/management.<br>♦ Limit diet to <7% saturated fats and < 200 mg/dL of cholesterol from total calories.<br>♦ Increase consumption of monounsaturated fatty acids (olive/peanut/ canola oils, nuts/peanut butter, avocado, olives).<br>♦ Suggest plant stanols/sterols (2/day) to lower cholesterol.<br>♦ Include 6 oz. of fish/wk, specifying tuna, herring or salmon.<br>♦ Medical nutrition therapy and/or other education as indicated.<br>♦ Promote and/or increase daily physical activity. | **Initial Assessment**:<br>♦ Assess fasting lipid panel (FLP) for baseline. **LDL is primary focus.**<br>♦ If LDL-C cannot be calculated due to elevated triglyceride level, order LDL-C direct measurement[7].<br>♦ FLP within 24 hours of hospitalization for an acute event and re-check FLP in 12 weeks.<br>♦ Periodically re-check FLP thereafter until goal values are met.<br><br>**High LDL Therapy Options**:<br>♦ Evaluate for 10 year CVD risk[3].<br>♦ Start with lipid lowering agent – statin preferred. (If patients are hospitalized, start statin).<br>♦ **If LDL is ≥ 130 mg/dL (baseline or on treatment)** start or intensify lipid lowering therapy to reach goal (statin preferred).<br>♦ **If LDL 100- 129 mg/dL (baseline or on treatment):**<br>♦ Start lipid lowering therapy (statin preferred).<br>♦ Consider combined drug therapy (statin + fibrate or niacin if low HDL or high TG).<br>♦ **If LDL is < 100 mg/dL (baseline or on treatment)**: lipid lowering therapy not required.<br><br>**High Triglycerides Treatment Options:**<br>♦ **If TG ≥ 500 mg/dL:**<br>♦ Treat TG first to prevent pancreatitis.<br>♦ Initiate/resume lipid-lowering therapy (statin preferred).<br>♦ **If TG 200-499mg/dL:**<br>♦ **Start fibrate or niacin.**<br><br>**Low HDL Therapy Options:**<br>♦ If HDL < 40 mg/dL for men or < 50 mg/dL for women:<br>♦ First attain LDL goal.<br>♦ Then, intensify weight management and physical activity. | **Total Cholesterol Desired**<br>< 200 mg/dL<br><br>**LDL Desired**<br>< 100mg/dL<br><br>**Triglycerides Desired**<br>< 150 mg/dL<br><br>**HDL Desired**<br>≥ 40 mg/dL for men<br>≥ 50 mg/dL optimal for women[6]<br>≥ 60 is a negative risk factor |
| ***High Blood Pressure**<br>4, 6, 10, 13<br><br>**Accurate blood pressure measurement is essential* | **Screening for Hypertension**<br><br>♦ **Prehypertension:** ≥ 120-139/ or ≥ 80-89 mmHg<br>♦ **Hypertension Stage I:** ≥ 140-159/ or ≥ 90-99 mmHg<br>♦ **Hypertension Stage II:** ≥ 160/ or ≥ 100 mmHg | **Recommendations**<br>♦ Encourage weight loss/maintenance.<br>♦ Low sodium diet- 1500 to 2400 mg/day[13].<br>♦ DASH Diet[13]- low sodium, high fruits & vegetables, high calcium, low alcohol.<br>♦ Medical nutrition therapy and/or other education as indicated.<br>♦ Promote and/or increase daily physical activity. | **Initial Therapy Options for Stage 1 Hypertension:**<br>♦ THIAZ, BB, ACEI, ARB, CCB, or combination.<br>**Therapy Options for Stage 2 Hypertension:**<br>♦ 2 or more drug combination for most –THIAZ and ACEI, or ARB, or BB, or CCB.<br>**Therapy for Comorbid Conditions:**<br>♦ **Heart failure** - THIAZ, ACEI, ARB, BB, ALDO ANT.<br>♦ **Post MI** - BB, ACEI.<br>♦ **High CVD risk** - THIAZ, BB, ACEI, CCB.<br>♦ **Diabetes** - ACEI, ARB, THIAZ, BB, CCB.<br>♦ **Chronic renal disease** - ACEI, ARB.<br>♦ **Recurrent stroke prevention** - THIAZ, ACEI.<br><br>**Key: THIAZ = thiazide diuretic, ACEI - angiotensin converting enzyme inhibitor, ARB = angiotensin receptor blocker, BB = beta-blocker, CCB = calcium channel blocker, ALDO ANT = aldosterone antagonist.** | **Blood Pressure Control: Desired**<br><120 /and < 80 mmHg<br><br>**HTN Treatment Goal**:<br>Achieve at least <140/<90 mmHg<br><br>**Comorbidities:**<br>HTN + diabetes **and/or** kidney disease goal - <130/<80 mmHg |

***Note: This practitioner's tool was developed to provide guidance to providers and is not intended to replace or preclude clinical judgment.***

Wisconsin Department of Health & Family Services, Division of Public Health, Bureau of Community Health and Prevention - PPH 43073.
Download tool from the Cardiovascular Health Program's website: http://dhfs.wisconsin.gov/Health/cardiovascular/index.htm

| RISK FACTORS | CRITERIA FOR RISK | Lifestyle Modifications | Clinical Management Interventions | GOALS |
|---|---|---|---|---|
| **Metabolic Syndrome**<br>**1, 2, 3, 4, 5, 6, 8, 10,14** | **Any Three (3) of the Following:**<br>◆ Central Obesity - waist circumference **> 40 inches for men > 35 inches for women**.<br>◆ Triglycerides ≥ 150 mg/dL<br>◆ FPG ≥ 100 mg/dL - < 126 mg/dL<br>◆ Elevated BP ≥ 130/≥ 85 mm Hg<br>◆ HDL < 40 mg/dL for men.<br>◆ HDL < 50 mg/dL for women. | **Recommendations**<br>◆ Encourage weight loss/maintenance.<br>◆ Medical nutrition therapy and/or other education as indicated.<br>◆ Promote and/or increase daily physical activity. | **Therapy Options**:<br>◆ Clinical management of dyslipidemia to **Dyslipidemia Goals**.<br>◆ Lowering blood pressure to **BP control goal**.<br>◆ Reduction of insulin resistance through achievement of **Obesity and Physical Activity Goals**.<br>◆ Start and continue with Aspirin (ASA) 75-325mg unless contraindicated.<br>*The evidence that ASA and other antiplatelet therapy can reduce risk is compelling and suggests a role for platelet hyperaggregability.* | **Improved Metabolic Risk Factors** |
| **Diabetes**<br>**1, 2, 3, 4, 6, 10, 11, 12** | Diabetes is regarded as a CHD risk equivalent with or without the presence of clinical atherosclerotic disease[3, 4]. | **Recommendations**<br>◆ Encourage weight loss/maintenance.<br>◆ Medical nutrition therapy and diabetes education.<br>◆ Promote and/or increase daily physical activity. | **Therapy Options:**<br>◆ **Single therapy options**: Insulin secretagogues, biguanides, thiazolidinediones (TZD's), alpha glucosidase inhibitors, Insulin, as dictated by A1C.<br>◆ **Combination Therapy**: as dictated by A1C. Add oral agent(s) and/or insulin. Substitute or intensify insulin regime as needed.<br>**Additional Considerations for Treatment/Monitoring**:<br>◆ Lowering blood pressure[4].<br>◆ Managing dyslipidemia [3].<br>◆ ASA or other antiplatelet agent.<br>◆ Monitor kidney function with albumin/creatinine ratio[11]. | **A1C < 7.0%**<br>**Blood Pressure: < 130/ < 80 mm Hg**<br>**Lipids in Desired Range** |
| **Obesity**<br>**1, 2, 4, 6, 9, 10** | ◆ **Overweight:** BMI ≥ 25 - 29.9 kg/m$^2$<br>◆ **Stage I Obesity:** BMI ≥ 30 - 34.9 kg/m$^2$<br>◆ **Stage II Obesity** BMI ≥ 35-39.9 kg/m$^2$<br>◆ **Stage III Obesity:** BMI ≥ 40 kg/m$^2$ | **Recommendations**<br>◆ Encourage weight loss/maintenance.<br>◆ Medical nutrition therapy and/or other education as indicated.<br>◆ Promote and/or increase daily physical activity. | **Therapy Options:**<br>◆ Measure height and weight.<br>◆ Calculate BMI: BMI = kg/m$^2$ or wt. in pounds x 704.5 ÷ ht. in inches$^2$.<br>◆ Assess for impaired fasting glucose: fasting plasma glucose (FPG) ≥ 100 - < 126 mg/dL.<br>◆ **Assess for comorbidities and treat**.<br>◆ Assess for other associated diseases: gynecological abnormalities, osteoarthritis, gallstones. | **Weight loss: 5-7% of body weight or BMI of < 25 kg/m$^2$** |
| **Physical Inactivity**<br>**1, 2, 3, 6, 4, 10** | ◆ Inactivity is defined as: < 30 minutes of moderate physical activity 5 times or more per week. | **Recommendations**<br>◆ Promote and/or increase daily physical activity. | **Therapy Options:**<br>◆ Evaluate for sedentary lifestyle and occupational level of activity.<br>◆ Promote physical activity.<br>◆ Prescribe appropriate activities and/or refer moderate to high-risk patients to medically supervised activity programs.<br>◆ Re-assess at every visit. | **At least 30 minutes of moderate physical activity daily.** |
| **Tobacco Use**<br>**1, 2, 6** | ◆ Cigarette smoking.<br>◆ Pipe smoking.<br>◆ Chewing tobacco.<br>◆ Environmental exposure. | **Recommendations**<br>◆ Tobacco cessation.<br>◆ Reduce environmental exposure. | **Therapy Options:**<br>◆ Assess history of tobacco use or environmental exposure.<br>◆ Provide information on smoking cessation programs.<br>◆ Encourage non-prescription and/or prescription cessation products.<br>◆ Refer for support/counseling, e.g., stress reduction, nutrition education.<br>◆ Re-assess every visit.<br>***Wisconsin Quit Line: 1-877-270-STOP (7867) (español: 1-877-2NO-FUME)*** | **Tobacco Cessation** |
| **Family History**<br>**3, 4, 6** | ◆ First degree relative with early-onset atherosclerotic CVD, < 55 years in men and < 65 years in women. | **Recommendations**<br>◆ Medical nutrition therapy and/or other education as indicated.<br>◆ Promote and/or increase physical activity. | **Therapy Options:**<br>◆ Obtain family history of CVD and provide family counseling as appropriate.<br>◆ Evaluate for 10 year CVD risk[3].<br>◆ **Treat modifiable risk factors**: hypertension, diabetes, dyslipidemia, metabolic syndrome, established coronary heart disease, sleep apnea. | **Lifestyle Changes**<br>**Control of Modifiable Risk Factors** |

*1. *AHA/ACC Guidelines for Preventing Heart Attack and Death in Patients With Atherosclerotic Cardiovascular Disease: 2001 Update.* **2.** *AHA Guidelines for Primary Prevention of Cardiovascular Disease and Stro 02 Update.* **3.** *ATP lll*, NIH Pub. # 02-5215, September 2002. **4.** *JNC 7*, NIH Pub # 03-5233, May 2003, cites diabetes as a CHD risk equivalent with or without the presence of clinical atherosclerotic disease. Triglyceride values exceeding 400mg/dL are generally considered too high to calculate LDL-C, but laboratory thresholds may vary. *ATP III*, pg. III-6. **6.** *AHA Evidence-Based Guidelines for Cardiovascular Disease evention in Women*, February 2004. **7.** Non-HDL cholesterol = total cholesterol minus HDL cholesterol. *ATP III*, pg. II-7. **8.** The presence of metabolic syndrome accentuates the risk accompanying elevated LDL olesterol. Modification of atherogenic dyslipidemia, hypertension and the prothrombotic state will reduce the risk for CHD. *ATP III*, pg. II-26. **9.** *NHLBI Practical Guide to Obesity*, Oct. 2000. **10.** *Physical Activity ndamental to Preventing Disease*, HHS, June 2002. **11.** *Essential Diabetes Mellitus Care Guidelines*, WI Diabetes Advisory Group, April 2001. **12.** *Medical Management of DM: The AACE System of Intensive Diabete lf-Management, 2002 Update*, Endocrine Practice, (Suppl. 1), January-February 2002. **13.** *Facts About the DASH Eating Plan,* NIH Pub # 03-4082, Updated May 2003. **14.** *AHA/NHLBI/ADA Conference Proceedings: inical Management of Metabolic Syndrome*, Circulation, January 2004.

| **PCP/Clinic Name** |
|---|
| |

# CARDIOVASCULAR RISK REDUCTION COMMUNICATION RECORD

**Patient: Please complete section A** for your health care provider when you go for your office visit. Ask your provider to complete Section B. If you use a Personal Heart Care Wallet Card or other means to keep track of the dates and results of your exams and a list of your current medications, take this information with you and show it to your health care provider.

**Section A. PATIENT INFORMATION**

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Telephone Number: (____) _____

Name of Specialist or Primary Care Provider (PCP): _____

PCP Address: _____

PCP Telephone Number: (____) _____ PCP Fax Number: (____) _____

**Section B. Specialist/Primary Care Provider(PCP) – Results of Laboratory Tests & Recommendations**

| Test date: | Laboratory Test | Results | Treatment | Recommendations/Follow-up |
|---|---|---|---|---|
| | Total Cholesterol | | | |
| | LDL Level | | | |
| | HDL Level | | | |
| | Triglycerides | | | |
| | Glucose | | | |
| | C-Reactive Protein | | | |
| | A1C | | | |
| | | | | |
| | | | | |

| | |
|---|---|
| Other Treatment Recommendations: | |
| PCP/Specialist Name (Print): | |
| **SIGNATURE** – PCP/Specialist: | |
| Address: | |
| Telephone Number: | Fax Number: |
| Fax or mail this completed form to the patient's specialist(s) or Primary Care Provider. | |
| (Extra copies can be downloaded at: http://dhfs.wisconsin.gov/Health/cardiovascular/index.htm) | |

# Appendix B: Personal Heart Care Card

## Personal Heart Care Record

**Name:**

**Address:**

**Allergies:**

**Medications:**

**Health Care Recommendations:**

**FOLLOW-UP VISITS:** DATE

- **Primary Care Physician**
- **Cardiologist**
- **Endocrinologist**
- **Dietician**
- **Other**

| IMMUNIZATIONS RECORD | DATE |
|---|---|
| **Pneumonia Vaccination** (generally once) | |
| **Flu Shot** (once per year) | |
| **Tetanus Vaccination** (once every 10 years) | |

Taking control of your heart's health can help you feel better and stay healthy. Moderate physical activity, appropriate nutrition, weight control, and cessation of smoking can help lower your lipids (blood fats). Lowering blood lipid is important to help you prevent heart disease and stroke.

**Contact information:**

**Wisconsin Cardiovascular Health Program at 1-608-266-3483**

**Local Contact Information:**

DPH 43016

**Dept. of Health and Family Services, Division of Public Health**

Keep track of your health information. Show this card to your health care provider at every visit. Write down your goals, and the dates and results of tests below. Here are guidelines for good cardiovascular health.

**AT EACH VISIT**

**Weight/BMI - Goal _____**

Date/ Baseline Value
Date/Value
Date/Value

**Blood Pressure - Goal_____**

Date/ Baseline Value
Date/Value
Date/Value

**LABORATORY TESTS**

**Total Cholesterol** (*Blood Fats) **- Goal < 200**

Date/ Baseline Value
Date/Value
Date/Value

**HDL*** (Good Cholesterol) **- Goal ≥40/Men ≥50/Women**

Date/ Baseline Value
Date/Value
Date/Value

**LDL*** (Bad Cholesterol) **- Goal < 100**

Date/ Baseline Value
Date/Value
Date/Value

**Triglycerides* - Goal < 150**

Date/Value

**Urine Test** (Microalbumin) **- Goal _____** test yearly

Date/Value

**Long term Blood Glucose (A1C) and /or Fasting Glucose - Goal <7** every 3-6 months if diabetes

Date/ Baseline Value
Date/Value

**Other:**

Date/Value

**LIFESTYLE MODIFICATIONS**

**Physical Activity** - Moderate exercise Date

Activity level
Activity level

**Smoking Cessation** - Never smoked / Quit Date

Quit / Still Smoking / Cut Down
Quit / Still Smoking / Cut Down

# Appendix C: Signs and Symptoms of Heart Attack and Stroke

## National Heart Attack Alert Program

**www.nhlbi.nih.gov/about/nhaap/index.htm**

### Heart Attack Warning Signs

Some heart attacks are sudden and intense – the "movie heart attack," where no one doubts what is happening. However, most heart attacks start slowly, with mild pain or discomfort. Often people affected are not sure what is wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- **Chest discomfort –** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body –** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breat**h – This feeling often comes along with chest discomfort. However, it can occur before the chest discomfort.
- **Other signs** – These may include breaking out in a cold sweat, nausea or lightheadedness.

If you or someone you are with has chest discomfort, especially with one or more of the other signs, do not wait longer than a few minutes (no more than 5) before calling for help. Call 911 and get to a hospital right away. Calling 911 is usually the fastest way to get lifesaving treatment. Emergency Medical Services (EMS) staff can begin treatment when they arrive – up to an hour sooner than if someone gets to the hospital by car. The staff members are also trained to revive someone whose heart has stopped. You will be treated faster in the hospital if you come by ambulance, too. If you cannot access the Emergency Medical Services (EMS), have someone drive you to the hospital right away. If you are the one having symptoms, do not drive yourself, unless you have no other option.

### Stroke Warning Signs

The American Stroke Association says these are the warning signs of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

If you or someone with you has one or more of these signs, do not delay! Immediately call 911 or the emergency medical services (EMS) number so an ambulance (ideally with advanced life support) can be sent for you. Also, check the time so you will know when the first symptoms appeared. It is very important to take immediate action. If given within three hours of the start of symptoms, a clot-busting drug can reduce long-term disability for the most common type of stroke.

Source: **www.americanheart.org**

# Appendix D: Strengthening the Chain of Survival

## American Heart Association Position

In cardiovascular emergencies, every second counts. As emergency responders race to save the life of a cardiac arrest victim, a stroke victim, or someone suffering a heart attack, every moment that passes places that victim at greater risk of permanent disability or death. Cardiac emergencies often have the highest fatality rates of all emergency events simply because they demand some of the fastest response times. For this reason, the American Heart Association continues to work at the federal, state and local level to strengthen each link in the Chain of Survival (the Chain).

### Background

The Chain specifies a series of critical steps that can help save lives during cardiovascular emergencies. The links in the Chain include early access – quickly calling the Emergency Medical Services (EMS) 911 system; early CPR – promptly giving cardiopulmonary resuscitation when needed; early defibrillation -- having proper equipment (automated external defibrillators) and being trained to use it when indicated; and early advanced cardiovascular care. The American Heart Association (AHA) continues to explore opportunities to strengthen the Chain of Survival through all levels of government, and will continue to work with our coalition partners in developing greater access to CPR and AED training programs to guarantee that lay responders are prepared for cardiovascular emergencies. The AHA will also explore:

- ensuring that transportation policies reflect the needs of the emergency care community.
- speeding the deployment of enhanced wireless and wire-line 911 telephone services.
- strengthening communication regarding EMS services across governmental bodies.
- a review of federal policies impeding emergency research and "informed consent" issues.
- other opportunities that evolve from our national focus on Homeland Security. The Association continues to collaborate with myriad organizations to these ends. We have joined forces with federal agencies, other non-profit organizations, healthcare organizations, professional associations, state and local leaders, the gamut of first-responder groups and other coalition partners in order to strengthen the Chain of Survival.

### Facts/Statistics

- During a sudden cardiac arrest, every minute that passes without appropriate emergency response translates into an 8-10 % reduction in survival rates.
- In 1999, 190 million calls were placed to 911, and 50 million of those were made from wireless phones. Wireless calls to 911 are rising drastically every year.
- Close to a dozen federal agencies play a role in emergency response, yet a recent GAO report found very little cooperation between these efforts, partially regarding emergency response data.
- Liability concerns have driven a great deal of "emergency response" research overseas, and few research institutions are studying this critical field.

Source: **www.americanheart.org**

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **Cardiovascular Disease Guidelines** | **National Guidelines and Consensus Statements**<br>American Heart Association and the American College of Cardiology publish several guidelines and consensus statements for prevention and treatment of cardiovascular disease. In addition, the American Heart Association and American Stroke Association offer the Get With The Guidelines℠ (GWTG) hospital based quality improvement program. The program is designed to empower the healthcare provider team to treat patients consistently with the most updated treatment guidelines. | Please see www.americanheart.org for information on the consensus statements or Get With The Guidelines. Below is a brief selection of some guidelines and statements. |
| | **Regional Guideline Resources**<br>The Institute for Clinical Systems Improvement (ICSI), a collaboration of health care organizations, provides health care quality improvement services to 45 medical organizations, many of which serve people in Wisconsin. ICSI and its members identify and accelerate the implementation of best clinical practices. As part of the best practice review process, ICSI utilizes many of the resources stated below. | www.icsi.org |
| | **Coronary Heart Disease**<br>Primary prevention of coronary heart disease: guidance from framingham: A statement for healthcare professionals From the American Heart Association task force on risk reduction. Grundy SM, et al. *Circulation* 1998;97:1876-1887. Preventing Heart Attack and Death in Patients with Coronary Disease. *Circulation* 1995; 92:2-4. | |
| | **Primary Prevention of CVD and Stroke**<br>American Heart Association Guidelines for primary prevention of cardiovascular disease and stroke: 2002 update. Consensus panel guide to comprehensive risk reduction for adult patients without coronary or other atherosclerotic vascular diseases. Pearson TA, et al. *Circulation.* 2002; 106:388-391. American Heart Association guide for improving cardiovascular health at the community level. A statement for public health practitioners, healthcare providers, and health policy makers from the American Heart Association expert panel on population and prevention science. Pearson TA, et al. *Circulation.* 2003;107:645. | |

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **Cardiovascular Disease Guidelines** continued | **Stroke Treatment**<br>Primary prevention of ischemic stroke: a statement for healthcare professionals from the stroke council of the American Heart Association. Goldstein LB, et al. *Stroke*. 2001; 32:280-299. Guidelines for the early management of patients with ischemic Stroke: a scientific statement from the stroke council of the American Stroke Association. Adams HP, et al. *Stroke*. 2003;34:1056-1083. | |
| | **Wisconsin Cardiovascular Risk Reduction Initiative Guidelines**<br>Cardiovascular Health Program | Mary Jo Brink, MS, RN, Program Coordinator<br>Tel: (608) 266-3702<br>Fax: (608) 266-8925<br>brinkmj@dhfs.state.wi.us<br>http://dhfs.wisconsin.gov/health/cardiovascular/ |
| **National Resources on Cardiovascular Disease** | **Agency for Healthcare Research and Quality** | 540 Gaither Road<br>Rockville, MD 20850<br>Tel: (301) 427-1364<br>www.ahrq.gov |
| | **American College of Cardiology**<br>Heart House | Heart House<br>9111 Old Georgetown Road<br>Bethesda, MD 20814-1699<br>Tel: (800) 253-4636, ext. 694 or (301) 897-5400<br>www.acc.org |
| | **American College of Sports Medicine** | 401 West Michigan Street<br>Indianapolis, IN 46202-3233<br>Tel: (317) 637-9200<br>www.acsm.org |
| | **American Heart Association** | 7320 Greenville Avenue<br>Dallas, TX 75231<br>Tel: (800) 640-4640<br>Fax: (800) 242-8721<br>www.americanheart.org |
| | **Centers for Disease Control and Prevention (CDC)** | 1600 Clifton Road<br>Atlanta, GA 30333<br>Tel: (404) 639-3311 / Public Inquiries: (404) 639-3534 / (800) 311-3435<br>www.cdc.gov |
| | **CDC - National Center for Chronic Disease Prevention and Health Promotion** | www.cdc.gov/nccdphp/ |
| | **CDC - Division of Adult and Community Health** | www.cdc.gov/nccdphp/dach/ |

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **National Resources on Cardiovascular Disease** continued | **CDC - Cardiovascular Health Branch** | www.cdc.gov/cvh<br>Tel: (770) 488-2424CDC - State Heart Disease and Stroke Prevention Program<br>www.cdc.gov/cvh/state_program/index.htm |
| | **Healthy People 2010** | Office of Disease Prevention and Health Promotion<br>U.S. Department of Healthand Human Services<br>Hubert H. Humphrey Building,Room 738G<br>200 Independence Avenue, SW.<br>Washington, DC 20201<br>email: hp2010@osophs.dhhs.gov<br>Fax (202) 205-9478<br>Web Site: www.healthypeople.gov |
| | **Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public** | Cristina Caputo<br>Wisconsin Division of Public Health<br>caputcl@dhfs.state.wi.us<br>(608) 267-9054<br>http://dhfs.wisconsin.gov/statehealthplan/index.htm |
| | **Institute for Clinical Systems Improvement (ICSI)** | 8009 34th Avenue South, Suite 1200<br>Bloomington, MN 55425<br>Tel: (952) 814-7060<br>Fax: (952) 858-9675<br>www.icsi.org |
| | **National Guideline Clearinghouse** | www.guideline.gov |
| | **National Heart, Lung, and Blood Institute (HNLBI)** | P.O. Box 30105<br>Bethesda, MD 20824-0105<br>Tel: (301) 592-8573<br>www.nhlbi.nih.gov<br>NHLBI - The Heart Truth: A National Awareness Campaign for Women About Heart Disease<br>www.nhlbi.nih.gov/health/hearttruth/ |
| | **National Stroke Association (NSA)** | 9707 E. Easter Lane<br>Englewood, CO 80112<br>Toll Free: (800) STROKES<br>Tel: (303) 649-9299<br>www.stroke.org |
| | **Community Preventive Services – Systematic Reviews and Evidence Based Recommendations** | Community Branch/DPRAM/EPO/CDC<br>Centers for Disease Control and Prevention<br>1600 Clifton Road, NE,<br>Mailstop E-90<br>Atlanta, GA 30333<br>Tel: (404)-498-6180<br>Fax: (404)-498-6145<br>thecommunityguide.org |
| **CVD Risk Factors — Cigarette Smoking** | **American Cancer Society (ACS)** | 1599 Clifton Road NE<br>Atlanta, GA 30329-4251<br>Tel: (800) ACS-2345 or (404) 320-3333<br>www.cancer.org |

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **CVD Risk Factors — Cigarette Smoking** continued | **CDC Office on Smoking and Health** | 2945 Flowers Road South, Mailstop K67<br>Atlanta, GA 30341<br>Tel: (770) 488-1265,<br>Fax: (770) 488-1157<br>Web Site: www.cdc.gov/tobacco |
| | **Center for Tobacco Research and Intervention (CTRI)** | 1930 Monroe Street, Suite 200<br>Madison, WI 53711<br>Tel: 608-262-8673<br>www.ctri.wisc.edu |
| | **Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action, 2003.** | www.cdc.gov/nccdphp/promising_practices/index.htm |
| | **Wsconsin Tobacco Control Program** | Division of Public Health<br>Box 2659<br>Madison WI 53701-2659<br>Tel: (608) 266-8526<br>Fax: (608) 266-8925<br>http://dhfs.wisconsin.gov/health/TobaccoControl/INDEX.HTM<br>National Campaign for Tobacco Free Kids<br>Tel: (202) 296-5469 or (800) 284-KIDS<br>www.tobaccofreekids.org |
| | **National Cancer Institute (NCI)** | NCI Public Inquiries Office, Ste. 3036A<br>6116 Executive Boulevard, MSC8322<br>Bethesda, MD 20892-8322<br>Tel: (800) 4-CANCER<br>www.nci.nih.gov/ |
| | **U.S. Preventive Services Task Force – Counseling: Tobacco Use** | www.ahrq.gov/clinic/uspstf/uspstbac.htm |
| **CVD Risk Factors — Diabetes Mellitus** | **American Diabetes Association (ADA)** | 1660 Duke Street<br>Alexandria, VA 22314<br>Web Site: www.diabetes.org<br>Tel: (800) DIABETES |
| | **Wisconsin Diabetes Prevention and Control Program** | Pat Zapp, Program Director<br>Diabetes Prevention and Control Program<br>Tel: (608) 261-6871<br>Fax: (608) 266-8925<br>zapppa@dhfs.state.wi.us<br>http://dhfs.wisconsin.gov/health/diabetes/ |
| | **American Heart Association (AHA)** | Diabetes and Cardiovascular Disease. A Statement for Healthcare Professionals from the American Heart Association. Grundy SM, et al. Circulation.<br>1999; 100:1134-1146. |
| | **CDC Division of Diabetes Translation** | www.cdc.gov/diabetes/index.htm |

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **CVD Risk Factors — Diabetes Mellitus** continued | **National Diabetes Education Program** | One Diabetes Way<br>Bethesda, MD 20814-9692<br>Telephone: (301) 496-3583<br>ndep.nih.gov |
| **CVD Risk Factors — Diet And Nutrition** | **American Dietetic Association (ADA)** | 120 South Riverside Plaza, Suite 2000<br>Chicago, IL 60606-6995<br>Tel: (800) 877-1600<br>Web Site: www.eatright.org |
| | **American Heart Association (AHA)**<br>American Heart Association dietary guidelines revision 2000: A statement for healthcare professionals from the nutrition committee of the American Heart Association. Krauss RM, et al. *Circulation.* 2000;102:2284. | |
| | **CDC Division of Nutrition and Physical Activity** | www.cdc.gov/nccdphp/dnpa |
| | **National Heart, Blood and Lung Institute (NHBLI)** | DASH Eating Plan<br>www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm |
| | **(NHLBI) National Obesity Education Initiative** | P.O. Box 30105<br>Bethesda, MD 20824-0105<br>Tel: (301) 251-1222<br>www.nhlbi.nih.gov/nhlbi/cardio/cardio.htm |
| | **National Cancer Institute (NCI) 5 A Day Program** | Division of Cancer Control and Population Sciences<br>National Cancer Institute<br>6130 Executive Boulevard<br>Executive Plaza North, Room 4055C<br>Bethesda, MD 20892<br>Tel: (301) 496-8520<br>www.5aday.gov |
| **CVD Risk Factors — High Blood Pressure** | The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) | www.nhlbi.nih.gov/guidelines/hypertension/ |
| | **NHLBI Guide to Lowering Blood Pressure** | www.nhlbi.nih.gov/health/public/heart/hbp/hbp_low/index.htm |
| | **NHLBI National Blood Pressure Education Program** | www.nhlbi.nih.gov/about/nhbpep/ |
| | **U.S. Preventive Services Task Force: High Blood Pressure - Screening** | www.ahrq.gov/clinic/uspstf/uspshype.htm |

*continued*

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **CVD Risk Factors — High Blood Cholesterol** | **National Heart, Lung, and Blood Institute (NHLBI)** Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) | www.nhlbi.nih.gov/guidelines/cholesterol/index.htm |
| | **NHLBI - National Cholesterol Education Program (NCEP)** | www.nhlbi.nih.gov/about/ncep/ |
| | **NHLBI - Recommendations Regarding Public Screening for Measuring Blood Cholesterol** | www.nhlbi.nih.gov/guidelines/cholesterol/chol_scr.htm |
| | **NHLBI - Lower Your Cholesterol (NHLBI)** | www.nhlbi.nih.gov/health/public/heart/other/sp_chol.htm |
| **CVD Risk Factors — Obesity/Overweight** | **American Heart Association Guidelines for Weight Management Programs for Healthy Adults** | www.americanheart.org/presenter.jhtml?identifier=1226 |
| | **NHLBI Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults** | www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm |
| | **Position of the American Dietetic Association:** Weight Management J Am Diet Assoc. 2002;102:1145-1155 | www.eatright.org/images/journal/0802/adar.pdf |
| | **Position of the American Dietetic Association:** Weight Management J Am Diet Assoc. 2002;102:1145-1155 | www.eatright.org/images/journal/0802/adar.pdf |
| | **The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity** | www.surgeongeneral.gov/topics/obesity/calltoaction/toc.htm |
| **CVD Risk Factors — Physical Activity** | **American Alliance for Health Physical Education and Dance** | 1900 Association Dr.<br>Reston, VA 20191-1598<br>Tel: (800) 213-7193 |
| | **Community Preventive Services** – Evidence based recommendations for lifestyle change | www.thecommunityguide.org |
| | **Wisconsin Nutrition and Physical Activity Program** | Mary Pesik, Program Coordinator<br>Wisconsin Division of Public Health<br>1 West Wilson Street, Room 243<br>Madison, WI 53702<br>Tel: (608)-267-3694<br>pesikmj@dhfs.state.wi.us)<br>http://dhfs.wisconsin.gov/Health/physicalactivity/ |

# Appendix E: National and Regional Resources

| Category | Resource | Contact information |
|---|---|---|
| **CVD Risk Factors — Physical Activity** continued | **American College of Sports Medicine (ACSM)** | www.acsm.org |
| | **ACSM Guidelines for Healthy Aerobic Activity**<br>• Exercise 3 to 5 days each week<br>• Warm up for 5 to 10 minutes before aerobic activity<br>• Maintain your exercise intensity for 30 to 45 minutes<br>• Gradually decrease the intensity of your workout, then stretch to cool down during the last 5 to 10 minutes<br>• If weight loss is a major goal, participate in your aerobic activity at least 30 minutes for 5 days each week. | www.acsm.org/pdf/Guidelines.pdf |
| | **American Heart Association (AHA)**<br>Exercise and physical activity in the prevention and treatment of atherosclerotic cardiovascular disease. A statement from the council on clinical cardiology (Subcommittee on Exercise, Rehabilitation, and Prevention) and the Council on Nutrition, Physical Activity, and Metabolism (Subcommittee on Physical Activity) Thompson PD, et al. *Circulation.* 2003 Jun 24;107(24):3109-16. | www.acsm.org |
| | **CDC Physical Activity and Health: A Report of the Surgeon General** | www.cdc.gov/nccdphp/sgr/sgr.htm |
| | **National Association for Sport and Physical Education (NASPE)**<br>NASPE provides the leading physical activity recommendations for youth. Available reports include Physical Activity for Children: A Statement of Guidelines for Children Ages 5-12, and Moving Into The Future: National Standards for Physical Education. | www.aahperd.org/naspe/template.cfm |
| **CVD Programs in Wisconsin**<br>Note: Please refer to the hospitals and health care organizations in your area for a more complete listing of programs designed to improve cardiovascular health. | **Healthy Lifestyles, Marshfield, WI** | 1000 N. Oak Avenue<br>Marshfield, WI 54449-5777<br>715-221-8400<br>www.marshfieldhealthylifestyles.org |
| | **Fit City Madison** | City of Madison<br>210 Martin Luther King Jr. Blvd. Rm. 403<br>Madison, WI. 53710<br>Tel: (608) 266-4611<br>Fax: (608) 267-8671<br>www.fitcitymadison.com |
| | **Heart Healthy Waukesha County** | Herb Rosenberger (co-chair)<br>Tel: (262)-928-0708<br>Bob Speer (co-chair)<br>Tel: (414)-456-2366<br>www.wtc.edu/waukesha/who.htm |
| | **Theda Care** | Community Initiatives<br>John Mielke, M.D.<br>Tel: (920)-734-6228<br>www.thedacare.org |

The ***Wisconsin Plan for Heart Disease and Stroke Prevention 2005-2009*** was created by the Cardiovascular Health Program (CVHP), Bureau of Health Promotion in the Division of Public Health (DPH), Wisconsin Department of Health and Family Services (DHFS) and the Cardiovascular Health Alliance.

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